

INSTRUCTIONS: Complete and submit annually to Validator along with the Annual Summation of Continuing Education Activities, PI-2454. Refer to the *Certification Manual for Wisconsin Public Library Directors* for assistance.

Name Last, First, Middle		
Mailing Address Street, City, State, Zip		
	I. CONTINUING EDUCATION ACTIVITY DESCRIPTION	
Title of Program		
Description of Program		
Relationship of Program to Present Position or Career Advancement		
Activity Dates	Location	Total Contact Hours
From		
1		
Provider if applicable		
Category Check only one and attach wi	ritten summary if applicable	
_	ttach formal documentation from the sponsoring agency)	
B. Noncredit Continuing Educatio		
C. Self-directed Continuing Educa		
LUEDEDY CEDTIEV shot the information	II. SIGNATURE	
Signature of Participant	on provided is true and correct to the best of my knowledge.	Date Mo./Day/Yr.
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